

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 806558	RECEIPT DATE:	03 / 30 / 01
IA NUMBER:	PCT/ EP99 / 07045	IA FILING DATE:	09 / 22 / 99
FAMILY NAME:	SPIESS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	STEFAN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 30 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	4271-30PUS	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: VINCENT M FAZZARI

STREET: 551 FIFTH AVENUE SUITE 1210

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10176

EMAIL:

APPLICATION TITLES:

PHARMACEUTICALLY ACTIVE PLANT PREPARATION FOR THE TREATMENT OF MIGRAIN  
E

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENT  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 202  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1

<b>SERIAL NUMBER</b> 09/806,558	<b>FILING DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 4271-30PUS
<b>APPLICANTS</b> Stefan Spiess, Schaftlach, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/07045 09/22/1999 <i>OK</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 198 44 836.8 09/30/1998 <i>OK</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Thomas C Pontani Cohen Pontani Lieberman & Pavane 551 Fifth Avenue Suite 1210 New York, NY 10176				
<b>TITLE</b> Pharmaceutically active plant preparation for the treatment of migraine				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	